

*Landscape of Plan
Options in*
South Carolina
2007

Medicare_{Rx}
Prescription Drug Coverage

Medicare Advantage Cost Plans and Demonstrations

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South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Abbeville	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Abbeville	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Abbeville	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Abbeville	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Abbeville	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Abbeville	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Abbeville	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Abbeville	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Abbeville	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Abbeville	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Abbeville	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Abbeville	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Abbeville	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Abbeville	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Abbeville	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Abbeville	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Abbeville	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Abbeville	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Aiken	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Aiken	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Aiken	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-002)	PFFS *	\$32.00					
Aiken	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-002)	Local PPO	\$33.00	\$32.90	\$0	Basic		•
Aiken	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-005)	Local PPO	\$50.00	\$37.50	\$0	Basic		•
Aiken	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Aiken	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Aiken	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Aiken	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Aiken	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Aiken	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Aiken	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Aiken	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Aiken	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Aiken	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Aiken	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Aiken	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Aiken	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Aiken	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Aiken	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Aiken	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Aiken	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Aiken	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Aiken	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Allendale	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Allendale	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Allendale	Arcadian Health Plan of Georgia	Southeast Community Care - Plus (H5578-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Allendale	Arcadian Health Plan of Georgia	Southeast Community Care - Premier (H5578-003)	Local HMO	\$41.00	\$37.40	\$0	Enhanced	Generics	•
Allendale	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Allendale	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Allendale	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Allendale	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Allendale	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Allendale	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Allendale	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Allendale	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Allendale	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Allendale	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Allendale	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Allendale	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Allendale	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Allendale	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Allendale	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Allendale	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Allendale	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Allendale	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Allendale	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Anderson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Anderson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Anderson	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Anderson	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-001)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Anderson	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Anderson	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-004)	Local PPO	\$17.00	\$17.00	\$0	Basic		•
Anderson	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Anderson	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Anderson	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Anderson	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Anderson	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Anderson	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Anderson	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Anderson	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Anderson	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Anderson	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Anderson	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Anderson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Anderson	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Anderson	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Anderson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Anderson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Anderson	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Anderson	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Anderson	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Anderson	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Anderson	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Anderson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Anderson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Anderson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Anderson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Anderson	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Anderson	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Anderson	WellCare	Summit (H1340-010)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Bamberg	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Bamberg	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Bamberg	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Bamberg	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Bamberg	InStil Health Insurance Company	InStil InCare (H4204-022)	PFFS *	\$27.00					
Bamberg	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Bamberg	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Bamberg	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Bamberg	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Bamberg	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bamberg	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Bamberg	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Bamberg	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Bamberg	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Bamberg	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Barnwell	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Barnwell	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Barnwell	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Barnwell	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Barnwell	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Barnwell	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Barnwell	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Barnwell	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Barnwell	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Barnwell	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Barnwell	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Barnwell	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Barnwell	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Barnwell	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Beaufort	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Beaufort	Arcadian Health Plan of Georgia	Southeast Community Care - Plus (H5578-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Beaufort	Arcadian Health Plan of Georgia	Southeast Community Care - Premier (H5578-003)	Local HMO	\$41.00	\$37.40	\$0	Enhanced	Generics	•
Beaufort	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Beaufort	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Beaufort	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Beaufort	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Beaufort	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Beaufort	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Beaufort	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Beaufort	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Beaufort	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Beaufort	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Beaufort	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Beaufort	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Beaufort	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Beaufort	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Berkeley	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Berkeley	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Berkeley	Arcadian Health Plan	Charleston - Plus (H5783-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Berkeley	Arcadian Health Plan	Charleston - Premier (H5783-003)	Local HMO	\$38.00	\$36.80	\$0	Enhanced	Generics	•
Berkeley	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Berkeley	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Berkeley	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Berkeley	InStil Health Insurance Company	InStil InCare (H4204-022)	PFFS *	\$27.00					
Berkeley	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Berkeley	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Berkeley	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Berkeley	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Berkeley	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Berkeley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Berkeley	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Berkeley	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Berkeley	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•

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Berkeley	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Berkeley	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Berkeley	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Berkeley	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Calhoun	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Calhoun	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Calhoun	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Calhoun	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Calhoun	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-002)	PFFS *	\$32.00					
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Calhoun	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Calhoun	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Calhoun	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Calhoun	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Calhoun	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Calhoun	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Calhoun	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Calhoun	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Calhoun	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Calhoun	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Calhoun	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Calhoun	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Calhoun	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Calhoun	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Calhoun	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Calhoun	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Calhoun	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Calhoun	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Calhoun	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Charleston	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Charleston	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Charleston	Arcadian Health Plan	Charleston - Plus (H5783-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Charleston	Arcadian Health Plan	Charleston - Premier (H5783-003)	Local HMO	\$38.00	\$36.80	\$0	Enhanced	Generics	•
Charleston	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Charleston	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Charleston	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Charleston	InStil Health Insurance Company	InStil InCare (H4204-022)	PFFS *	\$27.00					
Charleston	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Charleston	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Charleston	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Charleston	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Charleston	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Charleston	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Charleston	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Charleston	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Charleston	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Charleston	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Charleston	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Charleston	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Charleston	WellCare	Concert (H1340-016)	PFFS	\$109.00	\$49.70	\$0	Enhanced		•
Cherokee	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cherokee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Cherokee	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Cherokee	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Cherokee	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Cherokee	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Cherokee	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Cherokee	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Cherokee	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Cherokee	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Cherokee	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Cherokee	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Cherokee	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Cherokee	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Cherokee	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Cherokee	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Cherokee	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Cherokee	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cherokee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Cherokee	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Cherokee	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Cherokee	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Cherokee	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Cherokee	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Chester	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Chester	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Chester	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Chester	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Chester	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Chester	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Chester	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Chester	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Chester	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chester	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Chester	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Chester	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Chester	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Chester	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Chesterfield	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Chesterfield	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Chesterfield	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Chesterfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Chesterfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Chesterfield	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Chesterfield	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Chesterfield	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Chesterfield	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Chesterfield	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chesterfield	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Chesterfield	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Chesterfield	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Chesterfield	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Chesterfield	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Clarendon	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Clarendon	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Clarendon	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-002)	PFFS *	\$32.00					
Clarendon	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Clarendon	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Clarendon	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Clarendon	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Clarendon	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Clarendon	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Clarendon	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Clarendon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clarendon	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Clarendon	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Clarendon	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Clarendon	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Clarendon	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Colleton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Colleton	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Colleton	Arcadian Health Plan	Charleston - Plus (H5783-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Colleton	Arcadian Health Plan	Charleston - Premier (H5783-003)	Local HMO	\$38.00	\$36.80	\$0	Enhanced	Generics	•
Colleton	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Colleton	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Colleton	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Colleton	InStil Health Insurance Company	InStil InCare (H4204-022)	PFFS *	\$27.00					
Colleton	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Colleton	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Colleton	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Colleton	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Colleton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Colleton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Colleton	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Colleton	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Colleton	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Colleton	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Colleton	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Darlington	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Darlington	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Darlington	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Darlington	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Darlington	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Darlington	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Darlington	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Darlington	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Darlington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Darlington	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Darlington	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Darlington	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Darlington	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Darlington	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Dillon	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Dillon	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Dillon	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Dillon	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Dillon	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Dillon	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Dillon	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Dillon	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Dillon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Dillon	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Dillon	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Dillon	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Dillon	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Dillon	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Dorchester	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Dorchester	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Dorchester	Arcadian Health Plan	Charleston - Plus (H5783-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Dorchester	Arcadian Health Plan	Charleston - Premier (H5783-003)	Local HMO	\$38.00	\$36.80	\$0	Enhanced	Generics	•
Dorchester	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Dorchester	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Dorchester	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Dorchester	InStil Health Insurance Company	InStil InCare (H4204-022)	PFFS *	\$27.00					
Dorchester	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Dorchester	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Dorchester	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Dorchester	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Dorchester	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Dorchester	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dorchester	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dorchester	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Dorchester	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Dorchester	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Dorchester	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Dorchester	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Edgefield	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Edgefield	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Edgefield	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Edgefield	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Edgefield	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Edgefield	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Edgefield	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Edgefield	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Edgefield	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Edgefield	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Edgefield	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Edgefield	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Edgefield	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Edgefield	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Edgefield	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Edgefield	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Edgefield	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Edgefield	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Edgefield	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Edgefield	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Edgefield	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Edgefield	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Edgefield	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Edgefield	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Fairfield	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Fairfield	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Fairfield	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-001)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Fairfield	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Fairfield	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-004)	Local PPO	\$17.00	\$17.00	\$0	Basic		•

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Fairfield	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Fairfield	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Fairfield	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Fairfield	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Fairfield	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Fairfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Fairfield	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Fairfield	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Fairfield	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Fairfield	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Fairfield	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Fairfield	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Fairfield	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Fairfield	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Fairfield	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Fairfield	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fairfield	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Fairfield	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Fairfield	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Fairfield	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Fairfield	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Florence	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Florence	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-003)	Local PPO	\$89.00	\$35.80	\$0	Basic		•
Florence	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-006)	Local PPO	\$110.00	\$40.40	\$0	Basic		•
Florence	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Florence	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Florence	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Florence	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Florence	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Florence	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Florence	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Florence	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Florence	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Florence	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Florence	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Florence	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Florence	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Florence	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Florence	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Georgetown	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Georgetown	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Georgetown	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Georgetown	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Georgetown	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Georgetown	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Georgetown	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Georgetown	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Georgetown	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Georgetown	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Georgetown	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Georgetown	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Georgetown	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Georgetown	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Georgetown	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Greenville	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Greenville	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Greenville	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Greenville	Arcadian Health Plan	Greenville - Plus (H5783-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Greenville	Arcadian Health Plan	Greenville - Premier (H5783-007)	Local HMO	\$21.00	\$20.00	\$0	Enhanced	Generics	•
Greenville	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-001)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Greenville	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Greenville	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-004)	Local PPO	\$17.00	\$17.00	\$0	Basic		•
Greenville	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Greenville	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Greenville	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Greenville	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Greenville	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Greenville	Carolina Medicare Prime	Carolina Medicare Prime 15 (H4208-002)	Local HMO	\$0.00	\$0.00	\$265	Basic		•
Greenville	Carolina Medicare Prime	Carolina Medicare Prime 15 Plus (H4208-009)	Local HMO	\$15.60	\$15.60	\$0	Enhanced	Generics	•
Greenville	Carolina Medicare Prime	Carolina Medicare Prime 10 (H4208-001)	Local HMO	\$35.30	\$28.50	\$265	Basic		•
Greenville	Carolina Medicare Prime	Carolina Medicare Prime 10 Plus (H4208-008)	Local HMO	\$50.90	\$44.10	\$0	Enhanced	Generics	•
Greenville	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Greenville	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Greenville	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Greenville	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Greenville	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Greenville	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Greenville	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Greenville	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Greenville	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Greenville	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Greenville	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Greenville	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Greenville	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Greenville	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Greenville	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Greenville	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Greenville	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Greenville	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Greenville	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Greenville	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Greenwood	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Greenwood	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Greenwood	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Greenwood	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Greenwood	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Greenwood	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Greenwood	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Greenwood	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Greenwood	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Greenwood	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Greenwood	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Greenwood	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Greenwood	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Greenwood	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Greenwood	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Greenwood	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Greenwood	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Greenwood	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Greenwood	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Greenwood	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Greenwood	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Greenwood	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hampton	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Hampton	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Hampton	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Hampton	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Hampton	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Hampton	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Hampton	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Hampton	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Hampton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hampton	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Hampton	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Hampton	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Hampton	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Hampton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Horry	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Horry	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Horry	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Horry	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Horry	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Horry	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Horry	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Horry	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Horry	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Horry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Horry	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Horry	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Horry	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Horry	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Horry	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Horry	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Jasper	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Jasper	Arcadian Health Plan of Georgia	Southeast Community Care - Plus (H5578-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Jasper	Arcadian Health Plan of Georgia	Southeast Community Care - Premier (H5578-003)	Local HMO	\$41.00	\$37.40	\$0	Enhanced	Generics	•
Jasper	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Jasper	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Jasper	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Jasper	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Jasper	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Jasper	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Jasper	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Jasper	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jasper	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jasper	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Jasper	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Jasper	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Jasper	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Jasper	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Kershaw	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Kershaw	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Kershaw	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Kershaw	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Kershaw	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Kershaw	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Kershaw	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Kershaw	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Kershaw	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Kershaw	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Kershaw	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Kershaw	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kershaw	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Kershaw	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Kershaw	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Kershaw	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Kershaw	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Lancaster	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Lancaster	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Lancaster	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Lancaster	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Lancaster	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Lancaster	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Lancaster	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Lancaster	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Lancaster	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lancaster	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Lancaster	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Lancaster	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Lancaster	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Lancaster	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Laurens	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Laurens	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Laurens	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Laurens	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-001)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Laurens	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Laurens	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-004)	Local PPO	\$17.00	\$17.00	\$0	Basic		•
Laurens	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Laurens	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Laurens	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Laurens	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Laurens	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Laurens	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Laurens	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Laurens	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Laurens	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Laurens	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Laurens	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Laurens	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Laurens	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Laurens	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Laurens	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Laurens	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Laurens	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Laurens	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Laurens	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Laurens	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Laurens	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Laurens	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Laurens	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Laurens	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Laurens	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Laurens	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lee	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Lee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Lee	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Lee	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Lee	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Lee	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Lee	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Lee	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Lee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lee	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Lee	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Lee	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Lee	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Lee	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lexington	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lexington	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Lexington	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-002)	PFFS *	\$32.00					
Lexington	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-002)	Local PPO	\$33.00	\$32.90	\$0	Basic		•
Lexington	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-005)	Local PPO	\$50.00	\$37.50	\$0	Basic		•
Lexington	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Lexington	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Lexington	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Lexington	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Lexington	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Lexington	Carolina Medicare Prime	Carolina Medicare Prime 15 (H4208-002)	Local HMO	\$0.00	\$0.00	\$265	Basic		•
Lexington	Carolina Medicare Prime	Carolina Medicare Prime 15 Plus (H4208-009)	Local HMO	\$15.60	\$15.60	\$0	Enhanced	Generics	•
Lexington	Carolina Medicare Prime	Carolina Medicare Prime 10 (H4208-001)	Local HMO	\$35.30	\$28.50	\$265	Basic		•
Lexington	Carolina Medicare Prime	Carolina Medicare Prime 10 Plus (H4208-008)	Local HMO	\$50.90	\$44.10	\$0	Enhanced	Generics	•
Lexington	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Lexington	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Lexington	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Lexington	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Lexington	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Lexington	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Lexington	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Lexington	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Lexington	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lexington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lexington	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Lexington	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Lexington	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Lexington	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Lexington	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Lexington	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Lexington	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Lexington	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Marion	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Marion	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Marion	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Marion	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Marion	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Marion	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Marion	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Marion	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Marion	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Marion	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Marion	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Marion	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Marion	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Marion	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Marion	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Marlboro	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Marlboro	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Marlboro	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Marlboro	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Marlboro	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Marlboro	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Marlboro	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Marlboro	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Marlboro	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Marlboro	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Marlboro	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Marlboro	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Marlboro	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Marlboro	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
McCormick	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
McCormick	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
McCormick	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
McCormick	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
McCormick	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
McCormick	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
McCormick	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
McCormick	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
McCormick	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
McCormick	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
McCormick	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
McCormick	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
McCormick	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
McCormick	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McCormick	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
McCormick	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
McCormick	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
McCormick	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
McCormick	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
McCormick	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
McCormick	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
McCormick	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
McCormick	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Newberry	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Newberry	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Newberry	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-001)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Newberry	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Newberry	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-004)	Local PPO	\$17.00	\$17.00	\$0	Basic		•
Newberry	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Newberry	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Newberry	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Newberry	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Newberry	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Newberry	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Newberry	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Newberry	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Newberry	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Newberry	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Newberry	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Newberry	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Newberry	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Newberry	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Newberry	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Newberry	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Newberry	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Newberry	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Newberry	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Newberry	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Newberry	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Newberry	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Newberry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Newberry	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Oconee	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Oconee	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Oconee	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Oconee	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Oconee	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Oconee	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Oconee	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Oconee	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Oconee	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Oconee	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Oconee	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Oconee	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Oconee	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Oconee	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Oconee	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Oconee	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Oconee	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Orangeburg	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Orangeburg	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Orangeburg	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-002)	PFFS *	\$32.00					
Orangeburg	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Orangeburg	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Orangeburg	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Orangeburg	InStil Health Insurance Company	InStil InCare (H4204-022)	PFFS *	\$27.00					
Orangeburg	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Orangeburg	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Orangeburg	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Orangeburg	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Orangeburg	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Orangeburg	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Orangeburg	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Orangeburg	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Orangeburg	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Orangeburg	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Orangeburg	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Pickens	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Pickens	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Pickens	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Pickens	Arcadian Health Plan	Greenville - Plus (H5783-006)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Pickens	Arcadian Health Plan	Greenville - Premier (H5783-007)	Local HMO	\$21.00	\$20.00	\$0	Enhanced	Generics	•
Pickens	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Pickens	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Pickens	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Pickens	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Pickens	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Pickens	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Pickens	Carolina Medicare Prime	Carolina Medicare Prime 15 (H4208-002)	Local HMO	\$0.00	\$0.00	\$265	Basic		•
Pickens	Carolina Medicare Prime	Carolina Medicare Prime 15 Plus (H4208-009)	Local HMO	\$15.60	\$15.60	\$0	Enhanced	Generics	•
Pickens	Carolina Medicare Prime	Carolina Medicare Prime 10 (H4208-001)	Local HMO	\$35.30	\$28.50	\$265	Basic		•
Pickens	Carolina Medicare Prime	Carolina Medicare Prime 10 Plus (H4208-008)	Local HMO	\$50.90	\$44.10	\$0	Enhanced	Generics	•
Pickens	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Pickens	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Pickens	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Pickens	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Pickens	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Pickens	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Pickens	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Pickens	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 54 (H5435-013)	PFFS	\$10.00	\$10.00	\$0	Enhanced		•
Pickens	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Pickens	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Pickens	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pickens	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pickens	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Pickens	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Pickens	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Pickens	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Pickens	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Pickens	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Pickens	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pickens	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pickens	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Richland	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Richland	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Richland	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Richland	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-002)	PFFS *	\$32.00					
Richland	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-002)	Local PPO	\$33.00	\$32.90	\$0	Basic		•
Richland	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-005)	Local PPO	\$50.00	\$37.50	\$0	Basic		•
Richland	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Richland	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Richland	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Richland	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Richland	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Richland	Carolina Medicare Prime	Carolina Medicare Prime 15 (H4208-002)	Local HMO	\$0.00	\$0.00	\$265	Basic		•
Richland	Carolina Medicare Prime	Carolina Medicare Prime 15 Plus (H4208-009)	Local HMO	\$15.60	\$15.60	\$0	Enhanced	Generics	•
Richland	Carolina Medicare Prime	Carolina Medicare Prime 10 (H4208-001)	Local HMO	\$35.30	\$28.50	\$265	Basic		•
Richland	Carolina Medicare Prime	Carolina Medicare Prime 10 Plus (H4208-008)	Local HMO	\$50.90	\$44.10	\$0	Enhanced	Generics	•
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Richland	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Richland	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Richland	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Richland	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Richland	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Richland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Richland	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Richland	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Richland	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Richland	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Richland	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Richland	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Richland	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Richland	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Richland	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Richland	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Richland	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Richland	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Richland	WellCare	Summit (H1340-011)	PFFS	\$211.00	\$48.60	\$0	Enhanced		•
Saluda	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Saluda	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Saluda	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Saluda	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Saluda	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Saluda	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Saluda	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Saluda	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Saluda	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Saluda	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Saluda	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Saluda	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Saluda	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Saluda	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Saluda	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Saluda	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Saluda	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Saluda	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Saluda	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Saluda	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Saluda	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Saluda	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Saluda	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Saluda	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Saluda	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Saluda	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Saluda	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Saluda	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Saluda	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Spartanburg	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Spartanburg	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Spartanburg	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan II (H5820-002)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Spartanburg	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-001)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Spartanburg	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Spartanburg	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-004)	Local PPO	\$17.00	\$17.00	\$0	Basic		•
Spartanburg	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Spartanburg	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Spartanburg	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Spartanburg	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Spartanburg	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Spartanburg	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Spartanburg	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Spartanburg	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Spartanburg	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Spartanburg	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Spartanburg	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Spartanburg	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Spartanburg	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Spartanburg	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Spartanburg	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Spartanburg	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Spartanburg	Today's Option	Today's Options Premier (H5421-039)	PFFS *	\$0.00					
Spartanburg	Today's Option	Today's Options Value (H5421-038)	PFFS *	\$0.00					
Spartanburg	Today's Option	Today's Options Value Plus (H5421-044)	PFFS	\$10.00	\$10.00	\$0	Basic		•
Spartanburg	Today's Option	Today's Options Premier Plus (H5421-045)	PFFS	\$45.00	\$44.90	\$0	Enhanced	Generics	•
Spartanburg	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Spartanburg	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Spartanburg	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Spartanburg	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Spartanburg	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Spartanburg	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Spartanburg	WellCare	Concert (H1340-015)	PFFS	\$80.90	\$41.70	\$0	Enhanced		•
Spartanburg	WellCare	Summit (H1340-010)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Statewide	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Statewide	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Statewide	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Sumter	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Sumter	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Sumter	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-002)	PFFS *	\$32.00					
Sumter	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
Sumter	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
Sumter	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Sumter	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Sumter	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Sumter	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Sumter	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Sumter	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sumter	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Sumter	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sumter	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Sumter	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Sumter	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Sumter	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
Union	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Union	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Union	Blue Cross Blue Shield of South Carolina	Medicare Blue (H4209-001)	Local PPO	\$0.00	\$0.00	\$0	Basic		•
Union	Blue Cross Blue Shield of South Carolina	Medicare Blue Private (H4205-001)	PFFS *	\$0.00					
Union	Blue Cross Blue Shield of South Carolina	Medicare Blue Plus (H4209-004)	Local PPO	\$17.00	\$17.00	\$0	Basic		•
Union	BlueChoice HealthPlan	Platinum Advantage - Plan 5 (H4207-004)	Local PPO	\$18.00	\$18.00	\$0	Basic		•
Union	BlueChoice HealthPlan	Platinum Advantage - Plan 4 (H4207-001)	Local PPO	\$28.00	\$28.00	\$0	Basic		•
Union	BlueChoice HealthPlan	Platinum Advantage - Plan 3 (H4207-002)	Local PPO	\$48.00	\$43.10	\$0	Basic		•
Union	BlueChoice HealthPlan	Platinum Advantage - Plan 2 (H4207-003)	Local PPO	\$69.00	\$43.10	\$0	Basic		•
Union	BlueChoice HealthPlan	Platinum Advantage - Plan 1 (H4207-005)	Local PPO	\$81.00	\$54.80	\$0	Enhanced	Generics	•
Union	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Union	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
Union	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Union	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Union	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Union	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Union	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Union	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
Union	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
Union	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
Union	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
Union	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Union	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Union	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Union	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Union	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Williamsburg	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
Williamsburg	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
Williamsburg	Humana Insurance Company	Humana Gold Choice PFFS H1804-018 (H1804-018)	PFFS	\$89.00	\$22.80	\$0	Enhanced		•
Williamsburg	Humana Insurance Company	Humana Gold Choice PFFS H1804-226 (H1804-226)	PFFS	\$109.00	\$24.60	\$0	Enhanced		•
Williamsburg	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•
Williamsburg	InStil Health Insurance Company	InStil InCare (H4204-003)	PFFS *	\$61.00					
Williamsburg	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
Williamsburg	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Williamsburg	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Williamsburg	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Williamsburg	Today's Option	Today's Options Value (H5421-032)	PFFS *	\$48.00					
Williamsburg	Today's Option	Today's Options Premier (H5421-034)	PFFS *	\$72.00					
Williamsburg	Today's Option	Today's Options Value Plus (H5421-040)	PFFS	\$80.00	\$31.90	\$0	Basic		•
Williamsburg	Today's Option	Today's Options Premier Plus (H5421-041)	PFFS	\$117.00	\$44.90	\$0	Enhanced	Generics	•
Williamsburg	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
York	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
York	ANY, ANY, ANY PLAN	ANY, ANY, ANY Plan IV (H5820-004)	PFFS	\$0.00	\$0.00	\$0	Basic		•
York	Humana Insurance Company	Humana Gold Choice PFFS H1804-008 (H1804-008)	PFFS	\$19.00	\$19.00	\$0	Enhanced		•
York	Humana Insurance Company	Humana Gold Choice PFFS H1804-225 (H1804-225)	PFFS	\$39.00	\$24.80	\$0	Enhanced		•
York	Humana Insurance Company	HumanaChoicePPO PPO R5826-004 (R5826-004)	Regional PPO	\$81.00	\$29.30	\$0	Basic		•
York	InStil Health Insurance Company	InStil InCare (H4204-002)	PFFS *	\$0.00					
York	InStil Health Insurance Company	InStil InChoice Option I - Regional (R5553-001)	Regional PPO	\$53.00	\$39.90	\$0	Basic		•

South Carolina 2007 Medicare Advantage, Cost, and Demonstration Plans

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
York	InStil Health Insurance Company	InStil InChoice Option II - Regional (R5553-002)	Regional PPO	\$121.00	\$53.50	\$0	Enhanced	Generics	•
York	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
York	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
York	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
York	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
York	Today's Option	Today's Options Value (H5421-035)	PFFS *	\$12.00					
York	Today's Option	Today's Options Premier (H5421-037)	PFFS *	\$35.00					
York	Today's Option	Today's Options Value Plus (H5421-042)	PFFS	\$44.00	\$31.90	\$0	Basic		•
York	Today's Option	Today's Options Premier Plus (H5421-043)	PFFS	\$80.00	\$44.90	\$0	Enhanced	Generics	•
York	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
York	WellCare	Duet (H1340-002)	PFFS *	\$0.00					
York	WellCare	Concert (H1340-016)	PFFS	\$109.00	\$49.70	\$0	Enhanced		•